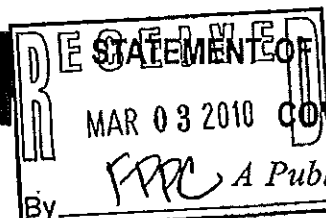


## Form 700 - Employee

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTEREST

MAR 03 2010 COVER PAGE

By FPPC A Public Document

**FILED**  
Date Received  
Official Use Only

MAR 01 2010

Resources Agency of California

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Snow	Lester	A	( 916 ) 653-7007
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE
1416 Ninth Street	Sacramento	CA	95814
			OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Department of Water Resources

Division, Board, District, If applicable:

Division of Executive Services

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: CA Bay Delta Authority

Position: Member

**2. Jurisdiction of Office (Check at least one box)**☒ State☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_☐ Annual: The period covered is January 1, 2009,  
through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2009.☒ Leaving Office Date Left: 1 / 31 / 10  
(Check one)☒ The period covered is January 1, 2009, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ Candidate Election Year: \_\_\_\_\_**4. Schedule Summary**► Total number of pages  
including this cover page: 4► Check applicable schedules or "No reportable  
interests."I have disclosed interests on one or more of the  
attached schedules:Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*Schedule A-2 ☒ Yes - schedule attached  
*Investments (10% or Greater Ownership)*Schedule B ☒ Yes - schedule attached  
*Real Property*Schedule C ☒ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*Schedule D ☒ Yes - schedule attached  
*Income - Gifts*Schedule E ☒ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

☐ No reportable interests on any schedule**5. Verification**I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.Date Signed 3/1/10  
(month, day, year)Signature [Signature]  
(File the originally signed statement with your filing official.)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____
---

**1. BUSINESS ENTITY OR TRUST**

Fair Oaks Rehabilitation &amp; Fitness

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2
**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/09

ACQUIRED

\_\_\_\_/\_\_\_\_/09

DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship☐ Partnership☐ Other \_\_\_\_\_YOUR BUSINESS POSITION Husband**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**☐ \$0 - \$499☒ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☐ \$1,001 - \$10,000**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)****4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/09

ACQUIRED

\_\_\_\_/\_\_\_\_/09

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership☐ Leasehold

Yrs. remaining

☐ Other \_\_\_\_\_☐ Check box if additional schedules reporting investments or real property are attached**1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2
**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/09

ACQUIRED

\_\_\_\_/\_\_\_\_/09

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship☐ Partnership☐ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**☐ \$0 - \$499☐ \$10,001 - \$100,000☐ \$500 - \$1,000☐ OVER \$100,000☐ \$1,001 - \$10,000**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)****4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/09

ACQUIRED

\_\_\_\_/\_\_\_\_/09

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust☐ Stock☐ Partnership☐ Leasehold

Yrs. remaining

☐ Other \_\_\_\_\_☐ Check box if additional schedules reporting investments or real property are attached

Comments:

# **SCHEDULE B** **Interests in Real Property** (Including Rental Income)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

► STREET ADDRESS OR PRECISE LOCATION

8003 Sacramento Street

CITY

Fair Oaks CA 95628

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09  
ACQUIRED

\_\_\_\_/\_\_\_\_/09  
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09  
ACQUIRED

\_\_\_\_/\_\_\_\_/09  
DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

Citi Mortgage

ADDRESS (Business Address Acceptable)

The Lakes, NV 88901

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

5 1/2 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: \_\_\_\_\_



# **SCHEDULE D** **Income - Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

## ▶ NAME OF SOURCE

University of Arizona

ADDRESS (Business Address Acceptable)

Tucson AZ 85721

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 21 / 09	\$ 876.25	travel & lodging
/  /	\$	
/  /	\$	

## ▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

## ▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

## ▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

## ▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

## ▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>University of Arizona</u> ADDRESS (Business Address Acceptable) _____  CITY AND STATE <u>Tucson AZ 85721</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Public University</u>  DATE(S): <u>1/21/09</u> - <u>1/23/09</u> AMT: \$ <u>876.25</u> <small>(If applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____ _____	▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____  CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____  DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____ _____
▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____  CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____  DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____ _____	▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____  CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____  DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small> TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____ _____

Comments: \_\_\_\_\_